

## MEDICAL SPECIALTIES

Please check off the specialty/ies that pertains to your billing practice.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> General Practice          | <input type="checkbox"/> General Surgery          | <input type="checkbox"/> Allergy                     |
| <input type="checkbox"/> Otolaryngology            | <input type="checkbox"/> Anesthesiology           | <input type="checkbox"/> Cardiology                  |
| <input type="checkbox"/> Dermatology               | <input type="checkbox"/> Internal Medicine        | <input type="checkbox"/> Osteopathic                 |
| <input type="checkbox"/> Neurosurgery              | <input type="checkbox"/> Orthopedic Surgery       | <input type="checkbox"/> Manipulative Therapy        |
| <input type="checkbox"/> Pediatric Medicine        | <input type="checkbox"/> Geriatric Medicine       | <input type="checkbox"/> Cardiac Surgery             |
| <input type="checkbox"/> Vascular Surgery          | <input type="checkbox"/> Nephrology               | <input type="checkbox"/> Hand Surgery                |
| <input type="checkbox"/> Obstetrics/Gynecology     | <input type="checkbox"/> Endocrinology            | <input type="checkbox"/> Pathology                   |
| <input type="checkbox"/> Colorectal Surgery        | <input type="checkbox"/> Gastroenterology         | <input type="checkbox"/> Pulmonary Disease           |
| <input type="checkbox"/> Infectious Disease        | <input type="checkbox"/> Urology                  | <input type="checkbox"/> Rheumatology                |
| <input type="checkbox"/> Thoracic Surgery          | <input type="checkbox"/> Chiropractic             | <input type="checkbox"/> Podiatry                    |
| <input type="checkbox"/> Diagnostic Radiology      | <input type="checkbox"/> Nuclear Medicine         | <input type="checkbox"/> Optometrist                 |
| <input type="checkbox"/> Plastic &                 | <input type="checkbox"/> Physical Therapist       | <input type="checkbox"/> Ophthalmology               |
| <input type="checkbox"/> Reconstructive Surgery    | <input type="checkbox"/> Physical Medicine &      | <input type="checkbox"/> DME Supplier                |
| <input type="checkbox"/> Pharmacy                  | <input type="checkbox"/> Rehab                    | <input type="checkbox"/> (Durable Medical Equipment) |
| <input type="checkbox"/> Registered Nurse          | <input type="checkbox"/> Nurse Practitioner       | <input type="checkbox"/> Certified Nurse Midwife     |
| <input type="checkbox"/> Certified Pediatric Nurse | <input type="checkbox"/> Mobil Treatment Team     | <input type="checkbox"/> Ambulance                   |
| <input type="checkbox"/> Practitioner              | <input type="checkbox"/> General Dentistry        | <input type="checkbox"/> Oral Surgery                |
| <input type="checkbox"/> Endodontics               | <input type="checkbox"/> Orthodontist             | <input type="checkbox"/> Periodontics                |
| <input type="checkbox"/> Principle Counselor       | <input type="checkbox"/> Master of                | <input type="checkbox"/> Physiologist                |
| <input type="checkbox"/> Licensed Independent      | <input type="checkbox"/> Social Work              | <input type="checkbox"/> Psychiatric                 |
| <input type="checkbox"/> Certified Social Worker   | <input type="checkbox"/> Substance Abuse Facility | <input type="checkbox"/> Case Manager                |
| <input type="checkbox"/> Speech Therapist          | <input type="checkbox"/> Speech Pathologist       |  |

☐ Other (List Specialty) \_\_\_\_\_

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